

JUDICIAL SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

4854

FORM JSPAC COVER SHEET PG 1

The JSPAC INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT# (Ethics Commission filers)	2 Total pages filed: 3
3 COMMITTEE NAME Friends of Judge David Crain		OFFICE USE ONLY Date Received: JUL 10 PM 3:45 Date Hand-Entered or Date Postmarked: JUL 10 PM 3:45	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE c/o Charles O. Grigson 604 W. 12th St. Austin, Tx 78701		Receipt # Amount Date Processed Date Imaged
5 CAMPAIGN TREASURER NAME <input type="checkbox"/> Change of Address	TITLE FIRST MI Charles O. Grigson NICKNAME LAST SUFFIX		
6 CAMPAIGN TREASURER'S STREET ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE 604 W. 12th St. Austin, Texas 78701		
7 CAMPAIGN TREASURER'S MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET OR PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE 604 W. 12th St. Austin, Texas 78701		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512) 477-5791		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Exceeded \$500 limit <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Dissolution (attach PAC-DR) <input type="checkbox"/> Runoff <input type="checkbox"/> 10th day after campaign treasurer termination		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 01 / 01 / 01 06 / 30 / 01		
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special		

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JUDICIAL SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM JSPAC COVER SHEET PG 2

12 COMMITTEE
NAME

FRIENDS OF JUDGE DAVID CRAIN

ACCOUNT # (Ethics Commission filers)

13 COMMITTEE
PURPOSE

(Attach lists on plain
paper to complete this
report if necessary)

☐ SUPPORT

☐ OPPOSE

☐ ASSIST
(officeholders only)

☐ CANDIDATE

☒ OFFICEHOLDER

CANDIDATE / OFFICEHOLDER NAME

David F. Crain, Judge, County Court at Law No. 3
Travis County, Texas

OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)

Judge, County Court at Law No. 3
Travis County, Texas

14 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN
PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 0.00

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 0.00

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ 0.00

4. TOTAL POLITICAL EXPENDITURES

\$ 250.00

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$ 1635.58

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$ 0.00

15 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying
report is true and correct and includes all information required to be
reported by me under Title 15, Election Code.

Charles O. Grigson

Signature of campaign treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Charles O. Grigson, this the 6th day
of July, 20 01, to certify which, witness my hand and seal of office.

Gwynn Carter Clark

Signature of officer administering oath



Printed name of officer administering oath

Notary

Title of officer administering oath

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule F: 1
2 FILER NAME FRIENDS OF JUDGE DAVID CRAIN		3 ACCOUNT # (Ethics Commission filers)
4 Date 3/19/01	5 Payee name Travis County Democratic Party 6 Payee address: City: State: Zip Code Austin, Travis County, Texas	7 Amount (\$) 250.00
8 Purpose of expenditure (See instructions regarding type of information required.) Democratic Party Fundraiser		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date	Payee name Payee address: City: State: Zip Code	Amount (\$)
Purpose of expenditure (See instructions regarding type of information required.)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date	Payee name Payee address: City: State: Zip Code	Amount (\$)
Purpose of expenditure (See instructions regarding type of information required.)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
Date	Payee name Payee address: City: State: Zip Code	Amount (\$)
Purpose of expenditure (See instructions regarding type of information required.)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought / held
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED		

